

# Medicaid EHR Incentive Program For Eligible Professionals



## Overview of the Proposed 2015 Modification Rule

Kim Davis-Allen

Maine Outreach Coordinator

[Kim@Healthtechsolutionsonline.com](mailto:Kim@Healthtechsolutionsonline.com)



# Goals of Proposed Provisions

Align with Stage 3 proposed rule to achieve overall goals of program

Synchronize reporting period objectives and measures to reduce burden

Continue to support advanced use of Health IT to improve outcomes for patients

# 2015 Proposed Rule Overview

- Streamlines program by removing redundant, duplicative and topped out measures
- Modified patient action measures in Stage 2 objective related to patient engagement
- Aligned reporting with full calendar year (for eligible hospitals)
- Changes EHR reporting period in 2015 to 90 day period to accommodate modifications

# Proposed Participation Changes - Medicaid

- 2015: all providers 90 days
  - Attest to modified version of Stage 2 with alternative measures/exclusions for Stage 1 providers
- 2016: 1<sup>st</sup> year 90 days; all other full year
  - Attest to modified version of Stage 2
- 2017: 1<sup>st</sup> year 90 days; all other full year
  - Attest to modified version of Stage 2 or Stage 3
- 2018: 1<sup>st</sup> year 90 days; all other full year
  - Attest to Stage 3

# Proposed Meaningful Use Measures: 2015-2017 Reporting Periods

- CPOE
- E-Prescribing
- Clinical Decision Support
- View, Download or Transmit
- Security Risk Analysis
- Patient Specific Education
- Medication Reconciliation
- Summary of Care
- Secure Messaging
- Public Health

The complete Proposed Rule can be found at:

<https://www.federalregister.gov/articles/2015/04/15/2015-08514/medicare-and-medicaid-programs-electronic-health-record-incentive-program-modifications-to>

# Proposed CPOE: 2015 - 2017

## Proposed

- Measure 1: More than 60% of medication orders created by the EP
- Measure 2: More than 30% of laboratory orders
- Measure 3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry

## Proposed Alternate:

### If scheduled for Stage 1 in 2015

- Measure 1: More than 30% of all unique patients with at least one medication in their medication list seen by the EP
- Exclusion for Measure 2: No equivalent Stage 1 measure
- Exclusion for Measure 3: No equivalent Stage 1 measure

# Proposed E-prescribing: 2015 - 2017

## Proposed

- More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology

## Proposed Alternate:

### If scheduled for Stage 1 in 2015

- More than 40% of all permissible prescriptions written by the EP are transmitted electronically using Certified EHR Technology

# Proposed Clinical Decision Support: 2015 - 2017

## Proposed

- Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period
- Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period
  - Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period

## Proposed Alternate:

### If scheduled for Stage 1 in 2015

- Measure 1: Implement one clinical decision support rule
- Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period



# Proposed Patient Electronic Access: 2015 - 2017

## Proposed

- Measure 1: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within four business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information
- Measure 2: At least one patient seen by the EP during the EHR reporting period (or their authorized representatives) views, downloads, or transmits his or her health information to a third party

## Proposed Alternate: If scheduled for Stage 1 in 2015

- Same as proposed
- Exclusion for Measure 2: No equivalent Stage 1 measure

# Proposed Electronic Health Information Protection: 2015 - 2017

## Proposed

- Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data stored in Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv), and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP, eligible hospital, or CAHs risk management process

## Proposed Alternate: If scheduled for Stage 1 in 2015

- Same as proposed

# Proposed Patient Specific Education: 2015- 2017

## Proposed

- Patient specific education resources identified by Certified EHR Technology are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period

## Proposed Alternate:

### If scheduled for Stage 1 in 2015

- Same as proposed
- Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective

# Proposed Medication Reconciliation: 2015- 2017

## Proposed

- The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP

## Proposed Alternate: If scheduled for Stage 1 in 2015

- Provider may claim an exclusion if they did not intend to select the Stage 1 Medication Reconciliation menu objective

# Proposed Summary of Care: 2015 - 2017

## Proposed

- The EP that transitions or refers their patient to another setting of care or provider of care (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10% of transitions of care and referrals

## Proposed Alternate:

### If scheduled for Stage 1 in 2015

- Provider may claim an exclusion if they did not intend to select the Stage 1 Summary of Care menu objective

# Proposed Secure Messaging: 2015 - 2017

## Proposed

- During the EHR reporting period, the capability for patients to send and receive a secure electronic message with the provider was fully enabled

## Proposed Alternate: If scheduled for Stage 1 in 2015

- Provider may claim an exclusion since there is not an equivalent Stage 1 measure

# Proposed Public Health: 2015 - 2017

## **Proposed: Choose 2**

- Immunization Registry Reporting
- Syndromic Surveillance Reporting
- Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting

## **Proposed Alternate: If scheduled for Stage 1 in 2015**

- Chose 1 public health measure to report

Same exclusions apply if an EP:

- Does not administer immunizations
- Does not collect data
- Does not treat condition
- No registry acceptable of accepting electronic data
- No registry has declared readiness to receive

# Additional Contacts and Resources

## Maine Program Education Resource:

Kim Davis-Allen

[kim@healthtechsolutionsonline.com](mailto:kim@healthtechsolutionsonline.com)

## Email:

[EhrHelpdesk.DHHS@maine.gov](mailto:EhrHelpdesk.DHHS@maine.gov)

## Maine EHR Incentive Program:

(207) 624-4011

## Maine EHR Incentive Program Website:

<http://www.maine.gov/dhhs/oms/HIT/>

## CMS EHR Incentive Program Website:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>

